Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's	Akachanee First name	First name
	license or passport).	Middle name	Middle name
	Bring your picture	Albert	
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and doing business as names. Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	Annie Albert DBA Baan Thai Restaurant	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8780	

De	btor 1 Akachanee Albei	rt	Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Your Employer Identification Number (EIN), if any.		
	(EIN), II ally.	EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		205 Lingale Avenue Marion, IL 62959	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Williamson	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)

Del	otor 1 Akachanee Albert				Case number (if known)	
Par	Tell the Court About	Your Bankruptcy (ase			
7.	The chapter of the Bankruptcy Code you are			of each, see <i>Notice Required by</i> page 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for e box.	Bankruptcy
	choosing to file under	☐ Chapter 7				
		☐ Chapter 11				
		☐ Chapter 12				
		Chapter 13				
8.	How you will pay the fee				ok with the clerk's office in your local court fo ourself, you may pay with cash, cashier's ch	
		order. If you a pre-printe		nitting your payment on your beh	alf, your attorney may pay with a credit card	or check with
				allments. If you choose this options (Official Form 103A).	on, sign and attach the <i>Application for Indivi</i>	duals to Pay
		but is not re applies to y	equired to, waive y our family size an	our fee, and may do so only if your fee, and may do so only if you do you are unable to pay the fee in	n only if you are filing for Chapter 7. By law, our income is less than 150% of the official p n installments). If you choose this option, yo cial Form 103B) and file it with your petition.	overty line that u must fill out
9.	Have you filed for	■ No.				
	bankruptcy within the last 8 years?	☐ Yes.				
	iast o years:	Distric	t	When	Case number	
		Distric		When		
		Distric		When	Case number	
10	Are any bankruptcy	—				
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No □ Yes.				
		Debtor	r		Relationship to you	
		Distric	t	When	Case number, if known	
		Debtor	·		Relationship to you	
		Distric	t	When	Case number, if known	
11.	Do you rent your	■ No. Go to	line 12.			
	residence?	☐ Yes. Has y	our landlord obta	ined an eviction judgment agains	st you?	
			No. Go to line	12.		
				tial Statement About an Eviction	Judgment Against You (Form 101A) and file	it as part of

Deb	tor 1 Akachanee Albert				Case number (if known)
⊃ar	Report About Any Bu	sinesses	You Owr	ı as a Sole Propriet	or
12.	Are you a sole proprietor of any full- or part-time business?	□ No.	Go to	Part 4.	
		Yes.	Name	e and location of busi	iness
	A sole proprietorship is a				
	business you operate as an individual, and is not a			Thai Restaurant	
	separate legal entity such		Name	e of business, if any	
	as a corporation, partnership, or LLC.			Williamson Cour	nty Parkway
	If you have more than one		Suite	e E on, IL 62959	
	sole proprietorship, use a			per, Street, City, State	e & ZIP Code
	separate sheet and attach it to this petition.			•	to describe your business:
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	r (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business</i> debtor?	deadline operation	s. If you ir	ndicate that you are a low statement, and fe	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of <i>small</i> business debtor, see 11	■ No.	I am r	not filing under Chap	ter 11.
	U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and Subchapter V of Chapter 11.
oar	t 4: Report if You Own or	Have Any	/ Hazardo	ous Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat	☐ Yes.			
	of imminent and identifiable hazard to		What is	the hazard?	
	public health or safety?				
	Or do you own any property that needs		If immed	diate attention is	
	immediate attention?		needed,	why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
					Number, Street, City, State & Zip Code

Debtor 1 Akachanee Albert

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	tor 1 Akachanee Albert			Case number	er (if known)
Part	6: Answer These Questi	ions for Rep	orting Purposes		
16.	What kind of debts do you have?			umer debts? Consumer debts are defal, family, or household purpose."	ined in 11 U.S.C. § 101(8) as "incurred by an
			No. Go to line 16b.		
			Yes. Go to line 17.		
				ness debts? Business debts are debts nent or through the operation of the bus	
			No. Go to line 16c.		
			Yes. Go to line 17.		
		16c. S	tate the type of debts you owe	that are not consumer debts or busines	ss debts
17.	Are you filing under Chapter 7?	■ No.	am not filing under Chapter 7. (Go to line 18.	
	Do you estimate that after any exempt property is excluded and			ou estimate that after any exempt prop ble to distribute to unsecured creditors	perty is excluded and administrative expenses ?
	administrative expenses] No		
	are paid that funds will be available for] Yes		
	distribution to unsecured creditors?				
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
		☐ 100-199 ☐ 200-999		1 0,001-23,000	a wore training, ood
19.	How much do you	□ \$0 - \$50	000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your assets to be worth?	\$50,001		□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion
			1 - \$500,000 1 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you	□ \$0 - \$50	000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?	\$50,001		□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion
			1 - \$500,000 1 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
Part	7: Sign Below				
For	you	I have exan	nined this petition, and I declare	e under penalty of perjury that the infor	mation provided is true and correct.
			•	nm aware that I may proceed, if eligible f available under each chapter, and I cl	, under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.
				pay or agree to pay someone who is no otice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this
		I request re	ief in accordance with the chap	oter of title 11, United States Code, spe	cified in this petition.
		bankruptcy and 3571.	case can result in fines up to \$.		or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Akachane Signature o		Signature of Debto	or 2
		Executed o		Executed on	M/DD/VVVV
			MM / DD / YYYY	MIN	1 / DD / YYYY

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	Case 23-40043-ikg Doc 1	Fileu 02/03/23 1	rage 7 01 03
Debtor 1 Akachanee Albert	<u>t</u>	Cas	se number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, United	d States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, schedules filed with the petition is incorrect.	certify that I have no know	vledge after an inquiry that the information in the
	/s/ Keith W. Kibler	Date	February 5, 2025
	Signature of Attorney for Debtor		MM / DD / YYYY
	Keith W. Kibler		
	Printed name		
	KIBLER LAW OFFICE		
	Firm name		
	Attorney at Law		
	208 North Market, PO Box 1224		
	Marion, IL 62959		
	Number, Street, City, State & ZIP Code		
	Contact phone 618-993-2196	Email address	office@kibler-law.com
	6180298 IL		
	Bar number & State		

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			.5 +00+5 lkg - B0	e i - i lieu <i>02/03/23</i> - i age o oi oo		
Fill	in this infor	mation to identify your	case:			
Del	otor 1	Akachanee Alber				
Del	otor 2	First Name	Middle Name	Last Name		
1	ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF ILLINOIS		
Cas	se number					
(if kr	nown)				_	ck if this is an ended filing
		orm 106Sum				
				d Certain Statistical Information		12/15
info	rmation. Fill r original for	out all of your schedul	es first; then complete th	are filing together, both are equally responsible fe information on this form. If you are filing amend the box at the top of this page.		
	<u> </u>				Your	assets
					Value	e of what you own
1.	Schedule A 1a. Copy lir	A/B: Property (Official Fine 55, Total real estate, f	orm 106A/B) rom Schedule A/B		\$_	75,000.00
	1b. Copy lir	ne 62, Total personal pro	perty, from Schedule A/B		\$	39,973.00
	1c. Copy lin	ne 63, Total of all propert	y on Schedule A/B		\$	114,973.00
Par	t 2: Summ	narize Your Liabilities				
						liabilities unt you owe
2.			aims Secured by Property nn A, Amount of claim, at t	(Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i>	\$	107,795.00
3.			Unsecured Claims (Official 1 (priority unsecured claim	Form 106E/F) s) from line 6e of Schedule E/F	\$	49,710.59
	3b. Copy th	ne total claims from Part	2 (nonpriority unsecured cl	aims) from line 6j of <i>Schedule E/F</i>	\$	405,432.06
				Your total liabilities	\$ \$	562,937.65
Par	t 3: Summ	narize Your Income and	Expenses			
4.	Schedule I: Copy your o	Your Income (Official Fo	orm 106I) e from line 12 of <i>Schedule</i>	<i>I</i>	\$	5,821.00
5.	Schedule J. Copy your r	: Your Expenses (Officia monthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>		\$	2,707.21
Par	t 4: Answ	er These Questions for	Administrative and Stati	stical Records		
6.	-	-	er Chapters 7, 11, or 13? on this part of the form. Ch	neck this box and submit this form to the court with yo	our other s	chedules.
	■ Yes					

- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Deb	tor 1	Akachanee Albert	Case number (if known)	
8.		the Statement of Your Current Monthly Income: Cop -1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Li		\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
	_
9d. Student loans. (Copy line 6f.)	\$
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6q.) 	\$
priority claims. (Copy line og.)	
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$
on Bosto to pension of prent offamily plane, and outer office about (outp) and only	*
9g. Total. Add lines 9a through 9f.	\$
•	

Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corre information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known and the control of the control o	ct
Debtor 2 Spouse, if filling) First Name Middle Name Last	ed filing where you
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Case number Check amend Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corre information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if kname of the case of the	ed filing where you
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS Case number Check amend Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category think it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying corre information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if kn Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In	ed filing where you
Case number Check amend Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corre information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if kname of the company of the	ed filing where you
Case number Check amend Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corre information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if kname of the company of the	ed filing where you
Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category think it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correinformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known and the category) than the category of the c	ed filing where you
Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corre information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known and the companies of the companies o	where you
Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corre information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if knanswer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In	ct
Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corre information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if knanswer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In	ct
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think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corre information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if kinds Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In	ct
4. De veri en berg en level en en itable interest in en vacidance building land en indiana.	
1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?	
□ No. Go to Part 2.	
Yes. Where is the property?	
Milestic the appropriate O of the last of the second of th	
1.1 What is the property? Check all that apply 205 Lingale Avenue Single-family home Do not deduct secured claims or exempt	tions Dut
Street address, if available, or other description Duplex or multi-unit building the amount of any secured claims on Sc	hedule D:
Creditors Who Have Claims Secured by Condominium or cooperative	Property.
☐ Manufactured or mobile home	
Marion IL 62959-0000	
	75,000.00
Timeshare Describe the nature of your ownershi	p interest
Other (such as fee simple, tenancy by the el	
Who has an interest in the property? Check one a line estate), it known. Debtor 1 only Joint tenant	
Williamson Debtor 2 only	
County Debtor 1 and Debtor 2 only	
At least one of the debtors and another Check if this is community prope (see instructions)	пту
Other information you wish to add about this item, such as local	
property identification number: Owned property with ex-husband. Property awarded to ex-husband i	in
divorce. Debtor's name was never removed from title to property or i	
mortgage debt. Ex-husband is responsible for and pays mortgage.	
Debtor pays rent to reside there.	
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for	,000.00
pages you have attached for Part 1. Write that number here	

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Debtor 1 Akachanee Albert Case number (if known)

Debi	Akachanee Albert		se number (ir known)	
3. C a	ars, vans, trucks, tractors, sport utility	vehicles, motorcycles		
П	No			
_	Yes			
_	165			
3.1	M	Who has an interest in the property? Check one	the amount of any secur	elaims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
	Model: Murano Year: 2023	■ Debtor 1 only □ Debtor 2 only		
	Approximate mileage: 17500	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:	☐ At least one of the debtors and another		
	Purchased 2/13/2024	☐ Check if this is community property (see instructions)	\$26,795.00	\$26,795.00
		, , , ,		
Ex	atercraft, aircraft, motor homes, ATVs amples: Boats, trailers, motors, personal v No Yes	and other recreational vehicles, other vehicles, and vatercraft, fishing vessels, snowmobiles, motorcycle ac	I accessories ccessories	
		wn for all of your entries from Part 2, including an		\$26,795.00
Part	3: Describe Your Personal and Household	Items		
Do y	ou own or have any legal or equitable	nterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E	busehold goods and furnishings xamples: Major appliances, furniture, line No Yes. Describe	ns, china, kitchenware		
	Few househo	d goods and furnishings		\$500.00
E	ectronics ixamples: Televisions and radios; audio, voincluding cell phones, cameras, No Yes. Describe Cellphone Flatscreen Laptop Printer	deo, stereo, and digital equipment; computers, printer media players, games	s, scanners; music collect	ions; electronic devices
	Printer			——————————————————————————————————————
E	collectibles of value fixamples: Antiques and figurines; painting other collections, memorabilia, No Yes, Describe	s, prints, or other artwork; books, pictures, or other art collectibles	objects; stamp, coin, or ba	aseball card collections;
_	- 135. B000/IB0			
E	quipment for sports and hobbies ixamples: Sports, photographic, exercise, musical instruments	and other hobby equipment; bicycles, pool tables, golf	clubs, skis; canoes and k	ayaks; carpentry tools;
	l Yes. Describe			

Deb	tor 1 Akacha	anee Albert			Case number (if known)	
	irearms					
	<i>Examples:</i> Pistol: I No	s, rifles, shotgu	ıns, ammunition, and rel	ated equipment		
	No Yes. Describe.					
11 (Clothes					
	Examples: Every	day clothes, fu	rs, leather coats, design	er wear, shoes, accessories		
	I No I Yes. Describe.					
-	Yes. Describe.					
		Debto	or's clothing			\$100.00
	lewelry <i>Examples:</i> Every	day jewelry, co	estume jewelry, engager	nent rings, wedding rings, heirloo	m jewelry, watches, gems, g	old, silver
] No		, ,, ,		, ,,	,
	Yes. Describe.					
		Rings	s: Diamond, Emerald	d, Ruby		\$500.00
			·	•		
	Non-farm animal					
	<i>Examples:</i> Dogs,] No	, cats, birds, ho	rses			
	Yes. Describe.					
		Pet D	og - No Value			\$0.00
		value of all of	your entries from Part	3, including any entries for pag	ges you have attached	\$1,600.00
Dort	4: Describe Vous	r Einanoial Acco	to.			
	4: Describe Your		ाड equitable interest in an	y of the following?		Current value of the
						portion you own?Do not deduct secured claims or exemptions.
	<i>Examples:</i> Mone] No		our wallet, in your home	e, in a safe deposit box, and on ha	and when you file your petition	on
					Cash	\$0.00
						Ψ0.00
		king, savings, c		ts; certificates of deposit; shares th the same institution, list each.	in credit unions, brokerage h	nouses, and other similar
] No	II you ne		·		
	Yes			Institution name:		
		17.1.	Checking	Regions Bank		\$0.00
		17.2.	Personal Checkin	g Regions Bank		\$553.00

D	ebtor 1	Akachanee	Albert			Case number (if known)	
				a	Paniana Pank		* 05.00
			17.3. Busine	ess Checking	Regions Bank		\$25.00
18			or publicly traded s, investment accou		ge firms, money market account	s	
			Institution	n or issuer name	:		
19		ublicly traded s renture	tock and interests	in incorporated	d and unincorporated busines	ses, including an interest in	n an LLC, partnership, and
	Yes.	Give specific in	formation about the Name of enti			% of ownership:	
			Baan Thai	Restaurant		100%%	\$0.00
20	Negoti Non-ne ■ No	iable instrument egotiable instrur	s include personal o	checks, cashiers' cannot transfer m	e and non-negotiable instrume checks, promissory notes, and to someone by signing or delive	money orders.	
21	Examp ■ No		IRA, ERISA, Keogl	n, 401(k), 403(b)	, thrift savings accounts, or othe	r pension or profit-sharing pla	ns
	⊔ Yes.	List each accou	nt separately. Type of accoun	t:	Institution name:		
22	Your s Examp		ed deposits you hav		you may continue service or use utilities (electric, gas, water), te		s, or others
	■ No □ Yes.				Institution name or individual:		
23		ies (A contract t	or a periodic payme	ent of money to y	ou, either for life or for a numbe	er of years)	
	■ No □ Yes	l:	ssuer name and des	scription.			
24			on IRA, in an acco 529A(b), and 529(b		ed ABLE program, or under a	qualified state tuition progr	am.
	☐ Yes	lı	nstitution name and	description. Sep	parately file the records of any in	terests.11 U.S.C. § 521(c):	
25	■ No	, ,	uture interests in p	• • •	han anything listed in line 1),	and rights or powers exerc	isable for your benefit
26	. Patent	s, copyrights, t	rademarks, trade s	secrets, and oth	ner intellectual property m royalties and licensing agree	ments	
		Give specific in	formation about the	em			
27	Examp		and other general rmits, exclusive lice		re association holdings, liquor lic	censes, professional licenses	
	■ No □ Yes.	Give specific in	formation about the	em			
M	loney or	property owed	to you?				Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

Case 25-40045-lkg Doc 1 Filed 02/05/25 Page 14 of 65 Debtor 1 Case number (if known) **Akachanee Albert** 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ΠNο Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Suphanai Suwanne and **Term Life Insurance** \$100,000 benefit/No cash value **Nutthiya Suwannee** \$0.00 Insurance Company???? (Debtor's Children) 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$578.00 for Part 4. Write that number here.....

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☐ No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor 1	Akachanee A	Albert Ca	ase number (if known)	
38. Acco i	unts receivable o	r commissions you already earned		
■ No				
☐ Yes	s. Describe			
		ishings, and supplies		
	nples: Business-re	lated computers, software, modems, printers, copiers, fax machines, ruç	gs, telephones, desks, cha	irs, electronic devices
■ No	s. Describe			
□ res	s. Describe			
40. Mach i	inery, fixtures, ec	uipment, supplies you use in business, and tools of your trade		
_	s. Describe			
_ 103	. Describe			
		2 Rice Cookers, Freezers, Sandwich Press, Sandwich Sala	ad unit, 6	
		Foot Woks, Sunfire 6 Burner Stove, Range Hood and Fan,	Dean	
		Frymaster, 150 lb Ice Machine, Cooler, Signs, Booths, Cha Tables	airs,	\$10,000.00
		Tubics		
41. Inven	tory			
☐ No				
■ Yes	s. Describe			
		Food and supply inventory at restaurant		\$1,000.00
42. Intere ■ No	ests in partnershi	ps or joint ventures		
	s. Give specific inf	ormation about them		
	·		% of ownership:	
43. Custo	omer lists. mailine	g lists, or other compilations		
■ No.		,,		
☐ Do yo	our lists include pe	rsonally identifiable information (as defined in 11 U.S.C. § 101(41A))?		
	■ No			
	☐ Yes. Describe			
-	ousiness-related	property you did not already list		
■ No □ Yes	s. Give specific info	rmation		
00	. Orro opcomo uno			
		of all of your entries from Part 5, including any entries for pages your make the series	ou nave attached	\$11,000.00
Dowt Co. D	leeswike Amy Forms	and Commonial Fishing Polated Property Very Common House on Interest In		
		and Commercial Fishing-Related Property You Own or Have an Interest In. interest in farmland, list it in Part 1.		
46. Do yo	ou own or have a	ny legal or equitable interest in any farm- or commercial fishing-rel	ated property?	
	o. Go to Part 7.	-		
☐ Ye	es. Go to line 47.			
Doub.	Daniel All 2	Van Ooman Harrandin The Van Britan Al		
Part 7:	■ Describe All Pro	perty You Own or Have an Interest in That You Did Not List Above		

Deb	Akachanee Albert		Case number (if known)	
	Do you have other property of any kind you did not already lis Examples: Season tickets, country club membership	st?		
	■ No			
	☐ Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write	that number here		\$0.00
Part	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$75,000.00
56.	Part 2: Total vehicles, line 5	\$26,795.00		
57.	Part 3: Total personal and household items, line 15	\$1,600.00		
58.	Part 4: Total financial assets, line 36	\$578.00		
59.	Part 5: Total business-related property, line 45	\$11,000.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$39,973.00	Copy personal property total	\$39,973.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$114,973.00

Fil	ll in this inform	nation to identify your case:				1
	ebtor 1	Akachanee Albert				
_			/liddle Name	L	ast Name	
1	ebtor 2 ouse if, filing)	First Name M	/liddle Name	L	ast Name	
Ur	nited States Bar	nkruptcy Court for the: SOUT	HERN DISTRICT OF	ILLIN	OIS	
Ca	ase number					
1 -	known)					☐ Check if this is an amended filing
O.	fficial Fo	rm 106C				-
		C: The Proper	rty You Cla	im	as Exempt	4/22
For speany fun exe	property you liseded, fill out and the number (if known each item of pecific dollar amy applicable statement applicable statement on a page applicable to a	sted on Schedule A/B: Property dattach to this page as many coown). property you claim as exempt, anount as exempt. Alternatively atutory limit. Some exemption nlimited in dollar amount. Howarticular dollar amount and the	(Official Form 106A/B) pies of <i>Part 2: Addition</i> , you must specify the you may claim the fis—such as those for vever, if you claim an	e amo	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. Our market value of the property being the aids, rights to receive certain beingtion of 100% of fair market value.	additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement
	<u> </u>	statutory amount. y the Property You Claim as E	xempt			
1.	Which set of	exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.	
	You are cla	niming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	_	aiming federal exemptions. 11 l				
2.	For any prop	erty you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
		on of the property and line on	Current value of the	Am	ount of the exemption you claim	Specific laws that allow exemption
	Schedule A/B t	hat lists this property	portion you own Copy the value from Check only one box for each exemption. Schedule A/B			
		Avenue Marion, IL 62959	\$75,000.00		\$15,000.00	735 ILCS 5/12-901
	Property aw divorce. De removed fro from mortgaresponsible	county perty with ex-husband. warded to ex-husband in ebtor's name was never om title to property or age debt. Ex-husband is a for and pays mortg edule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	2023 Nissar Purchased	n Murano 17500 miles 2/13/2024	\$26,795.00		\$2,400.00	735 ILCS 5/12-1001(c)
		edule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
		nold goods and	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
	furnishings Line from Sch	edule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Cellphone Flatscreen		\$500.00		\$500.00	735 ILCS 5/12-1001(b)

Laptop Printer

Line from Schedule A/B: 7.1

☐ 100% of fair market value, up to any applicable statutory limit

			Case number (if known)	
rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exempt
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Debtor's clothing ine from Schedule A/B: 11.1	\$100.00		\$100.00	735 ILCS 5/12-1001(a)
ille IIOIII <i>Schedule A/D</i> . 11.1			100% of fair market value, up to any applicable statutory limit	
Rings: Diamond, Emerald, Ruby ine from Schedule A/B: 12.1	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
hecking: Regions Bank	\$0.00		\$0.00	735 ILCS 5/12-1001(b)
ine nom <i>canedate Alb.</i> 17.1			100% of fair market value, up to any applicable statutory limit	
Personal Checking: Regions Bank	\$553.00		\$553.00	735 ILCS 5/12-1001(b)
ine iron Schedule PVD. 11.4			100% of fair market value, up to any applicable statutory limit	
Business Checking: Regions Bank ine from Schedule A/B: 17.3	\$25.00		\$25.00	735 ILCS 5/12-1001(b)
ine non equedue AB. 17.6			100% of fair market value, up to any applicable statutory limit	
erm Life Insurance 100,000 benefit/No cash value	\$0.00		\$0.00	735 ILCS 5/12-1001(f)
Beneficiary: Suphanai Suwanne and Jutthiya Suwannee (Debtor's Children) ine from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
Rice Cookers, Freezers, Sandwich	\$10,000.00		\$1,500.00	735 ILCS 5/12-1001(d)
Press, Sandwich Salad unit, 6 Foot Voks, Sunfire 6 Burner Stove,Range Hood and Fan, Dean Frymaster, 150 b Ice Machine, Cooler, Signs, Booths, Chairs, Tables ine from Schedule A/B: 40.1			100% of fair market value, up to any applicable statutory limit	
ood and supply inventory at estaurant	\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(b)
ine from Schedule A/B: 41.1			100% of fair market value, up to any applicable statutory limit	

Fill in	this informa	ation to identify you	ır case:				
Debto	or 1	Akachanee Alb	ert				
		First Name	Middle Name Last N	ame			
Debto (Spouse	or 2 e if, filing)	First Name	Middle Name Last N	ame			
United	d States Banl	kruptcy Court for the	SOUTHERN DISTRICT OF ILLINOIS				
Case (if know	number					_	if this is an ded filing
	ial Form redule I		Who Have Claims Sec	ured	by Propert	y	12/15
is need			If two married people are filing together, both out, number the entries, and attach it to this f				
1. Do a	ny creditors h	ave claims secured by	y your property?				
	No. Check t	this box and submit t	his form to the court with your other schedu	ıles. Yo	u have nothing else t	o report on this form.	
	Yes Fill in a	all of the information	helow		_	•	
			bolow.				
Part 1		Secured Claims			Column A	Column B	Column C
for eac	ch claim. If mo	re than one creditor has	more than one secured claim, list the creditor sets a particular claim, list the other creditors in Part cal order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
171	Nissan Mo	tor e Company	Describe the property that secures the clair	n:	\$26,795.00	\$26,795.00	\$0.00
	Creditor's Name		2023 Nissan Murano 17500 miles Purchased 2/13/2024				
	PO Box 25 Sacrament 95865-4648	o, CA	As of the date you file, the claim is: Check all apply. Contingent	that			
-	Number, Street, (City, State & Zip Code	☐ Unliquidated				
Who	owes the deb	t? Check one.	☐ Disputed Nature of lien. Check all that apply.				
	btor 1 only btor 2 only		☐ An agreement you made (such as mortgag car loan)	e or secu	ıred		
☐ De	btor 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)			
☐ At	least one of the	e debtors and another	☐ Judgment lien from a lawsuit				
	eck if this clai	im relates to a t	Other (including a right to offset)	nobile	Purchase Loan		

Date debt was incurred 2/13/2024

Last 4 digits of account number 9421

Deptor 1 Akachanee Albert		Case number (if known)		
First Name Middle N	Name Last Name			
2.2 US Bank Home Mortgage	Describe the property that secures the claim:	\$81,000.00	\$150,000.00	\$0.00
Creditor's Name	205 Lingale Avenue Marion, IL			
	62959 Williamson County			
	Owned property with ex-husband.			
	Property awarded to ex-husband in			
	divorce. Debtor's name was never			
	removed from title to property or from mortgage debt. Ex-husband is			
	responsible fo			
PO Box 790414	As of the date you file, the claim is: Check all that			
Saint Louis, MO	apply.			
63179-0414	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	\square An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset) Mortgag	e with Ex-Husband		
Date debt was incurred 11/2008	Last 4 digits of account number			
· ·	Column A on this page. Write that number here:	\$107,795	.00	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$107,795	.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Debtor 1 Akachanee Albert	Fil	I in this informa	ation to identify your o	case:						
Debtor 2 Scource (a first) First Name										
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS Check if this is an amended filling	De	יטנטו ו			e Name	Last Name				
United States Bankruptcy Court for the: Case number	1									
Case number Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the enter party to any executive continuents or unseptined theses that could result in a claim. Also it is a security contracts on Schedule AS: Property Official From 164AS) and on the security of the security contracts on Schedule AS: Property Official From 164AS) and on the security of the securi	(Sp	ouse if, filing)	First Name	Middl	e Name	Last Name				
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any associatory contracts on Schedule ARP. Property (Official Form 106A/9) and on a greated to the contracts of Schedule ARP. Property (Official Form 106A/9) and on a greated to contract the contract of the contracts of Schedule ARP. Property (Official Form 106A/9) and on Schedule D. Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the list. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 3: List at 1 of Your Priority unsecured claims against you? No to Part 2: Vest. List all of your priority unsecured dates, if a creditor have been priority in secured claims and part and the contract of the	Un	ited States Bank	kruptcy Court for the:	SOUTHE	RN DISTRICT O	F ILLINOIS				
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any associatory contracts on Schedule ARP. Property (Official Form 106A/9) and on a greated to the contracts of Schedule ARP. Property (Official Form 106A/9) and on a greated to contract the contract of the contracts of Schedule ARP. Property (Official Form 106A/9) and on Schedule D. Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the list. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 3: List at 1 of Your Priority unsecured claims against you? No to Part 2: Vest. List all of your priority unsecured dates, if a creditor have been priority in secured claims and part and the contract of the	Ca	se number								
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to generate the contracts or unexplied leases that could result in a claim. As to list accurate or contracts or schedule ARI: Properly (Official Form 106A) and on Schedule (in Executory Contracts and Unseptred Leases (Official Form 106G). Do not include any creditors with partially secured claims. List the other party to schedule (in Executory Contracts and Unseptred Leases (Official Form 106G). Do not include any creditors with partially secured claims. In the other party to the least of the contracts of the page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Party I in the Atlach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Party I in the Atlach the Continuation Page of the Party I in the Continuation Page of any creditors have priority unsecured claims against you? Let all of your priority unsecured claims against you? Let all of your priority unsecured claims against your? Let all of your priority unsecured claims are creditor and nonpriority amounts. Is that claim here and show both priority and nonpriority amounts. As much as possible, list the claim in aphabetical order according to the creditor's name. If you have more than two priority unsecured claims. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Party I interest the claim is a partial claim, let be other creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part I, if more than one precibe holds a particula claims, let be other creditor's name. If you have more than								☐ Check	if this is an	
Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible, use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to perfect the party to provide a provided of the party to perfect the party to provide a provided of the party to perfect the party to p								amend	ed filing	
Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible, use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to perfect the party to provide a provided of the party to perfect the party to provide a provided of the party to perfect the party to p	Ωf	ficial Form	106F/F							
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NRPRORITY claims. List the other party to any executory contracts or unexprine disease that could result in a claim. Also list executory contracts or Aschedule AB: Properly (Cifical From 1968) Bon on include any creditors with partially secured claims that are listed in Schedule O: Executory Contracts and Unexprined Leases (Official From 1966). Do not include any creditors with partially secured claims that are listed in Schedule O: Creditors Who Have Claims Secured by Properly; if more space is needed, copy the Part you need, fill it out, number of through. Part 13º List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? Part 2. List all of Your PRIORITY Unsecured Claims against you? No. Go to Part 2. 1. List all of your priority unsecured claims, if a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what bee of claim is if a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in light and nonpriority amounts. As much as possible, list the claims in list and both priority and nonpriority amounts. As much as possible, list the claims have claims in a creditor holds a particular claim, list the other creditors in Fart 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booket.) 1. Illinois Department of Revenue Proofty Creditor's Name PO Box 19035 Number Street City State Zp Code Who incurred? 1. Special Proofty Creditor's Name PO Box 19035 Number Street City State Zp Code Who incurred? 1. Page 10 Department of Revenue Priority Creditor's Name 1. Po Box 19035 Number Street City State Zp Code Who incurred? 1. Po Contraged Company Creditor's Name 1. Po Box 19035 Number Street City State Zp Code Who incurre				ho Hav	e Unsecur	ed Claims			12/15	
No. Go to Part 2. Yes. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, death of the claim is in 1 a claim has both priority and nonpriority amounts. Its much as possible, list the claim here and show both priority and nonpriority amounts. As much as possible, list the claims here and show both priority and nonpriority amounts. As much as possible, list the claims here and show both priority and nonpriority amounts. As much as possible, list the claims here and show both priority and nonpriority amounts. As much as possible, list the claim here and show both priority and nonpriority amounts. As much as possible, list the claim here and show both priority and nonpriority amounts. As much as possible, list the claim is fer a continuation of each type of claim, see the instructions for this form in the instruction booklet.) It is the claim is for a claim, list the other creditors in Part 3.	any Sch Sch left. nam	executory contra edule G: Executo edule D: Creditor Attach the Conti ne and case numb	acts or unexpired leases ory Contracts and Unexpires Who Have Claims Sect nuation Page to this pag oer (if known).	that could r ired Leases ured by Pro e. If you hav	esult in a claim. A (Official Form 106 perty. If more space ve no information	Also list executory contra 6G). Do not include any c ce is needed, copy the Pa	acts on Schedule A/B: F reditors with partially s art you need, fill it out,	Property (Official For secured claims that a number the entries in	m 106A/B) a re listed in 1 the boxes	on the
Yes.	1.	Do any creditors	s have priority unsecured	d claims aga	ainst you?					
2. Let all of your priority unsecured claims. If a creditor has more than one priority unsecured claim. Is the creditor separately for each claim. For each claim listed, identify what type of claim is. If a claim has both priority and nonpriority amounts, a much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one orderitor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) 1. Total claim		☐ No. Go to Par	rt 2.							
identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, is the claims in aphabetical order according to the creditors name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor blook a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim		Yes.								
Illinois Department of Revenue Last 4 digits of account number \$590.41 \$590.41 \$0.00	2.	identify what type possible, list the	e of claim it is. If a claim ha claims in alphabetical orde	s both prioriter according t	y and nonpriority ar to the creditor's nan	mounts, list that claim here me. If you have more than	and show both priority a	and nonpriority amount	ts. As much	as
Priority Creditor's Name PO Box 19035 Springfield, IL 62794-9035 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Priority Creditor's Name PO Box 19035 Springfield, IL 62794-9035 Number Street City State Zip Code Who incurred the debt? Check one. Priority Creditor's Name PO Box 19035 Springfield, IL 62794-9035 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Destor 1 only Destor 2 only Destor 3 only Destor 3 only Destor 3 only Destor 4 only Destor 3 only Destor 4 only Destor 5 only Destor 6 PRIORITY unsecured claim: Contingent Springfield, IL 62794-9035 As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Destor 1 only De		(For an explanati	ion of each type of claim, s	ee the instru	ctions for this form	in the instruction booklet.)	Total claim	<u> </u>		у
PO Box 19035 Springfield, IL 62794-9035 Number Street City State Zip Code Contingent Unliquidated Debtor 1 only Disputed Type of PRIORITY unsecured claim: Contingent Unliquidated Debtor 2 only Disputed Dotter: Specify Payroll Withholding Taxes Owed Who incurred the debt? Check in the claim subject to offset? Debtor 1 and Debtor 2 only Disputed Disputed Disputed Disputed Disputed Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 3 offset? Type of PRIORITY unsecured claim: Demestic support obligations Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 4 tleast one of the debtors and another Demestic support obligations Type of PRIORITY unsecured claim: Demestic support obligations	2.1	Illinois D	epartment of Rever	nue	Last 4 digits of a	ccount number	\$590.41			\$0.00
Springfield, IL 62794-9035 Number Street City State Zip Code Contingent Con		,			Whon was the do	obt incurred?				
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Po Box 19035 Number Street City State Zip Code Who incurred the debtor 2 only Debtor 1 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated No Po Box 19035 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Check if this claim is for a community debt Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated No So, and Taxes Owed Last 4 digits of account number Sa, 514.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 The Claims for death or personal injury while you were intoxicated Unliquidated Unliquidated Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No Other. Specify Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated					when was the de	ept incurred?		-		
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Debtor 2 only Disputed		_	the debt? Check one.		☐ Contingent					
Debtor 1 and Debtor 2 only		Debtor 1 on	ly		☐ Unliquidated					
At least one of the debtors and another Check if this claim is for a community debt ls the claim subject to offset? No Yes Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Rayroll Withholding Taxes Owed 2.2 Illinois Department of Revenue Priority Creditor's Name PO Box 19035 Springfield, IL 62794-9035 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Demestic support obligations At least one of the debtors and another Demestic support obligations At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Claims for death or personal injury while you were intoxicated No Other, Specify Demestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated No Other, Specify Demestic support obligations Taxes and certain other debts you were intoxicated Other, Specify Demestic support obligations Catalog Specify Demestic support obligations Taxes and certain other debts you were intoxicated Other, Specify Demestic support obligations Taxes and certain other debts you were intoxicated Other, Specify Demestic support obligations Taxes and certain other debts you were intoxicated Other, Specify Demestic support obligations Taxes and certain other debts you were intoxicated Other, Specify Demestic support obligations Other, Specify Demestic support obligations Demestic suppo		Debtor 2 on	ly		☐ Disputed					
Check if this claim is for a community debt Is the claim subject to offset?		☐ Debtor 1 and	d Debtor 2 only							
Is the claim subject to offset? No Yes Payroll Withholding Taxes Owed 2.2 Illinois Department of Revenue Priority Creditor's Name PO Box 19035 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No No Claims for death or personal injury while you were intoxicated Payroll Withholding Taxes Owed \$0.00 \$0		☐ At least one	of the debtors and anothe	er	☐ Domestic supp	oort obligations				
No		☐ Check if thi	is claim is for a commur	nity debt		•	•			
Payroll Withholding Taxes Owed			bject to offset?				you were intoxicated			
Illinois Department of Revenue Priority Creditor's Name PO Box 19035 Springfield, IL 62794-9035 Number Street City State Zip Code Contingent Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No					☐ Other. Specify	Payrall Withholdi	ng Tayos Owod			
Priority Creditor's Name PO Box 19035 Springfield, IL 62794-9035 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify		□ res				Payron Withholdi	ing raxes Oweu			
PO Box 19035 Springfield, IL 62794-9035 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Londingent Debtor 1 only Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify	2.2	Illinois D	epartment of Rever	nue	Last 4 digits of a	ccount number	\$3,514.00	\$3,514.00		\$0.00
Springfield, IL 62794-9035 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify		•			Whon was the do	oht incurred?				
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Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community debt ls the claim subject to offset? No Debtor 1 only Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify					As of the date yo	ou file, the claim is: Checl	k all that apply			
Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Other. Specify Other. Specify		Who incurred	the debt? Check one.		☐ Contingent					
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify		Debtor 1 on	ly		☐ Unliquidated					
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify		Debtor 2 on	ly		☐ Disputed					
□ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Other. Specify		Debtor 1 and	d Debtor 2 only							
Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated No ☐ Other. Specify		☐ At least one	of the debtors and anothe	er	☐ Domestic supp	oort obligations				
■ No □ Other. Specify		☐ Check if thi	is claim is for a commun	nity debt	Taxes and cer	tain other debts you owe th	he government			
<u> </u>			bject to offset?		☐ Claims for dea	ath or personal injury while	you were intoxicated			
					☐ Other. Specify					

Debtor 1 Akachanee Albert		Case number (if known)		
Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community is the claim subject to offset?	Claims for death or personal ir	2021 n is: Check all that apply aim: you owe the government	\$43,312.00	\$0.00
■ No □ Yes	☐ Other. Specify	d 2021 Income Tax		
Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community Is the claim subject to offset? No Yes	☐ Claims for death or personal in☐ Other. Specify	aim: you owe the government	\$1,702.77	\$591.41
Part 2: List All of Your NONPRIORITY L 3. Do any creditors have nonpriority unsecure \[\begin{align*} \text{No. You have nothing to report in this part.} \] \[\text{Yes.} 4. List all of your nonpriority unsecured claim unsecured claim, list the creditor separately for the creditor separately for the context of the creditor separately for the creditor separate	d claims against you? Submit this form to the court with your other s in the alphabetical order of the creditor each claim. For each claim listed, identify w	who holds each claim. If a creditor that type of claim it is. Do not list claim	ns already included in Pa	art 1. If more

than on Part 2.

Total claim

Debtor	1 Akachanee Albert	Case number (if known)				
4.1	Alternative Funding Nonpriority Creditor's Name	Last 4 digits of account number	\$38,720.62			
	2941 NW 62nd St	When was the debt incurred?				
	Fort Lauderdale, FL 33309 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only					
		☐ Disputed Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another	Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not				
		report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify				
4.2	Citi Bank	Last 4 digits of account number 918	\$10,779.19			
	Nonpriority Creditor's Name PO Box 6500 Sioux Falls, SD 57117	When was the debt incurred?				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	□Yes	■ Other. Specify Business Loan				
		— Other. Specify				
4.3	Citibank	Last 4 digits of account number 6287	\$12,564.85			
	Nonpriority Creditor's Name PO Box 6500 Sioux Falls, SD 57117	When was the debt incurred?				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify Revolving Charges				

Debto	Akachanee Albert	Case number (if known)	
4.4	Citibank	Last 4 digits of account number 9479	\$14,681.44
	Nonpriority Creditor's Name PO Box 6500	When was the debt incurred?	
	Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Revolving Charge	
4.5	Delta Bridge	Last 4 digits of account number	\$14,966.68
	Nonpriority Creditor's Name 1421 Prince Street	When was the debt incurred?	
	Alexandria, VA 22314 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.6	Discover Card	Last 4 digits of account number	\$19,471.00
	Nonpriority Creditor's Name 2500 Lake Cook Road Deerfield, IL 60015	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset? ■	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Revolving Charges	

Debtor	1 Akachanee Albert	Case number (if known)	
4.7	Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	\$8,824.64
	PO Box 15316 Wilmington, DE 19850	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Personal Loan	
	DMKA LLC d/b/a The Smarter		
4.8	Merchant	Last 4 digits of account number	\$9,355.00
	Nonpriority Creditor's Name c/o Attorney Yeshaya Gorkin	When was the debt incurred?	
	PO Box 605		
	New York, NY 10038		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Business Debt	
4.9	Fundamental Capital LLC d/b/a Nexi	Last 4 digits of account number 8985	\$86,077.12
	Nonpriority Creditor's Name c/o Attorney Marcella G. Rabinovich	When was the debt incurred?	
	100 Garden City Plaza		
	Garden City, NY 11530		
•	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Security Interest in Accounts Receivable	

Debtor	1 Akachanee Albert	Case number (if known)						
4.1								
0	Green Box Capital	Last 4 digits of account number	\$17,467.87					
	Nonpriority Creditor's Name 2200 Biscayne Blvd., Ste 200 Miami, FL 33137	When was the debt incurred?						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims						
	No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	Yes	Other. Specify						
44								
4.1 1	Henry S. Miller Realty Management Nonpriority Creditor's Name	Last 4 digits of account number	\$31,047.80					
	c/o Cheney's Mathes Property Inc	When was the debt incurred?						
	Attn: Cyndi Bembenek							
	5151 Belt Line Road, Suite 900							
	Dallas, TX 75254 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon all that apply						
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
		<u> </u>						
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:						
	At least one of the debtors and another	Student loans						
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims						
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts						
	☐Yes	■ Other. Specify Rent owed for business premises						
4.1	Navy Federal Credit Union	Last 4 digits of account number 4530	\$26,041.31					
	Nonpriority Creditor's Name							
	PO Box 3503	When was the debt incurred?						
	Merrifield, VA 22119 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon an that apply						
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	<u> </u>						
	_	☐ Disputed Type of NONPRIORITY unsecured claim:						
	At least one of the debtors and another	Student loans						
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims						
	No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	□ Yes	Other Specific Revolving Charges						

Debto	r 1 Akachanee Albert	Case number (if known)						
4.1	Navy Federal Credit Union	Last 4 digits of account number	\$8,739.02					
3	Nonpriority Creditor's Name PO Box 3000 Vienna, VA 22180 Number Street City State Zip Code	When was the debt incurred? 9/2023 As of the date you file, the claim is: Check all that apply	V 5,1 33132					
	Who incurred the debt? Check one.							
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	\square Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts						
	Yes	Other. Specify Business Loan						
4.1	PNC	Last 4 digits of account number	\$4,755.45					
	Nonpriority Creditor's Name PO Box 3429	When was the debt incurred?						
	Pittsburgh, PA 15230 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.	Chock an makappy						
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims						
	No	Debts to pension or profit-sharing plans, and other similar debts						
	Yes	■ Other. Specify Revolving Charges						
4.1	Rapid Capital Financial	Last 4 digits of account number	\$43,430.54					
5	Nonpriority Creditor's Name 7523 Main St., #764	When was the debt incurred?	, , , , , , , , , , , , , , , , , , , 					
	Flushing, NY 11367 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
	Debtor 1 only	По-те-т-т-						
		☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:						
	At least one of the debtors and another	Student loans						
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes	Other Specify						

Debto	Akachanee Albert	Case number (if known)						
4.1								
6	Regions Bank Visa	Last 4 digits of account number 1994	\$15,241.53					
	Nonpriority Creditor's Name 946 4th Street	When was the debt incurred?						
	Eldorado, IL 62930							
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	□ Unliquidated						
	Debtor 1 and Debtor 2 only	□ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	<u> </u>	☐ Student loans						
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	☐Yes	■ Other. Specify Revolving Charge						
4.1	Pagiona Pank Vina	Last 4 digits of account number 7016	\$40.422.44					
7	Regions Bank Visa Nonpriority Creditor's Name	Last 4 digits of account number 7016	\$10,422.44					
	946 4th Street	When was the debt incurred?						
	Eldorado, IL 62930							
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.							
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims						
	No	\square Debts to pension or profit-sharing plans, and other similar debts						
	Yes	■ Other. Specify Revolving Charges						
4.1 8	SIU Credit Union	Last 4 digits of account number	\$12,423.12					
	Nonpriority Creditor's Name							
	Customer Service	When was the debt incurred?						
	PO Box 30495 Tampa, FL 33630							
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.	• , , , , , , , , , , , , , , , , , , ,						
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	□ Unliquidated						
	Debtor 1 and Debtor 2 only	□ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
		Student loans						
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
	☐Yes	Other Specify Revolving charges to pay Medical to SIH						
	— 100	= Unier Specify its voiting sindings to pay incursal to Olli						

Debto	Akachanee Albert	Case number (if known)							
4.1 9	Southern Illinois Healthcare	Last 4 digits of account nun	nber	\$10,000.00					
	Nonpriority Creditor's Name PO Box 3988	When was the debt incurred	1?						
	Carbondale, IL 62902-3988 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the c	laim is: Check all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unse	ecured claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt	_	a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims	resparation agreement of alveree that you are not						
	■ No	Debts to pension or profit-	sharing plans, and other similar debts						
	Yes	Other. Specify Medica	<u>l</u>						
4.2	US Bank	l and d dimits of account more	ahaa	\$10,422.44					
0	Nonpriority Creditor's Name	Last 4 digits of account nun		Ψ10,722.77					
	Cardmember Services	When was the debt incurred							
	PO Box 6339								
	Fargo, ND 58125-6339 Number Street City State Zip Code	As of the date you file, the c	laim is: Check all that apply						
	Who incurred the debt? Check one.	rio oi ino dato you mo, ino o	idin io. Onook all that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	_	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	•	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	☐ Obligations arising out of a report as priority claims	separation agreement or divorce that you did not						
	■ No	<u></u>	sharing plans, and other similar debts						
	□Yes	Other. Specify Revolv	ing Charges						
Part 3	List Others to Be Notified About a De	· · ·							
5. Use t is try have	his page only if you have others to be notified ing to collect from you for a debt you owe to s	about your bankruptcy, for a debt omeone else, list the original credi at you listed in Parts 1 or 2, list the	that you already listed in Parts 1 or 2. For example itor in Parts 1 or 2, then list the collection agency he additional creditors here. If you do not have addit	ere. Similarly, if you					
Name a	and Address	On which entry in Part 1 or Part 2 di Line 4.7 of (<i>Check one</i>):	· <u> </u>	_					
	ox 30923	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims						
_	ake City, UT 84130		Part 2: Creditors with Nonpriority Unsecured Cl	aims					
		Last 4 digits of account number							
	and Address	On which entry in Part 1 or Part 2 di							
Isaac H. Greenfield, Esq Lin 2 Executive Blvd, Ste. 305		Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Claims						
	rn, NY 10901		Part 2: Creditors with Nonpriority Unsecured CI	aims					
	,	Last 4 digits of account number							
Name a	and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?						
•	chman & Fisher PA	Line 4.10 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims	S					
	Sunny Isles Blvd, Suite 100 Miami Beach, FL 33160		aims						
NOILI	i miailii Deacii, FL 33 160	Last 4 digits of account number							

Part 4: Add the Amounts for Each Type of Unsecured Claim

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Debtor 1 Akachanee Albert

Case number (if known)

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
otal laims				
rom Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 49,710.59
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 49,710.59
				Total Claim
otal	6f.	Student loans	6f.	\$ 0.00
laims				
om Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 405,432.06
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 405,432.06

Fill in this infor	mation to identify your	case:		
Debtor 1	Akachanee Alber	t		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF ILLINOIS	
Case number				_ 0
(if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

P	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Henry S. Miller Realty Management c/o Cheney's Mathes Property Inc Attn: Cyndi Bembenek 5151 Belt Line Road, Suite 900 Dallas, TX 75254	Rent of Business Restaurant Property at 2406 Williamson County Parkway #E, Marion, IL 62959
2.2	Steven Albert 205 Lingale Avenue Marion, IL 62959	Oral lease for rent in amount of \$1,000/month House owned by ex-husband/Ex-husband and Debtor reside in house

					1
Fill in th	is information to identify your	case:			
Debtor 1	Akachanee Alber	Middle Name	Last Name		
Debtor 2		Middle Name	Last Name		
(Spouse if,		Middle Name	Last Name		
United S	tates Bankruptcy Court for the:	SOUTHERN DISTRICT	OF ILLINOIS		
Case nui	mber				
(if known)					☐ Check if this is an amended filing
Officia	al Form 106H				
_	dule H: Your Cod	ebtors			12/15
people ar ill it out, our nam	e filing together, both are equ	ally responsible for supp boxes on the left. Attach . Answer every question.	lying correct information the Additional Page to	on. If more space is to this page. On the to	rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
		you are illing a joint case, c	do not list either spouse a	as a codebior.	
□ N	=				
■ Y	es				
	ithin the last 8 years, have you ona, California, Idaho, Louisiana,				
■ N	o. Go to line 3.				
☐ Y	es. Did your spouse, former spou	use, or legal equivalent live	with you at the time?		
in lir Forr	ne 2 again as a codebtor only i	f that person is a guarant	tor or cosigner. Make s	ure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Zl	P Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1	Steven P. Albert 205 Lingale Avenue Marion, IL 62959 Debtor's Exhusband. Judgment of Dissolution of the home and 100% of the			■ Schedule D, □ Schedule E/F □ Schedule G _ US Bank Home	, line

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

						ı				
	in this information to identify your captor 1 Akachanee A									
	btor 2 puse, if filing)				_					
Uni	ited States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF ILLINOIS							
-	se number 		-			☐ Ar		ed filing ent showing	g postpetition	
0	fficial Form 106l						M / DD/ Y		J	
S	chedule I: Your Inc	ome					, 55, .			12/15
spo atta Pa	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment	r spouse is not filing w	ith you, do not inclu	de infori	matio	on about	your spo	ouse. If mo	re space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed	■ Employed			☐ Employed			
		, ,	☐ Not employed				☐ Not e	mployed		
	Include part-time, seasonal, or	Occupation	Owner/Operato	r						
	self-employed work.	Employer's name	Baan Thai Rest	aurant						
	Occupation may include student or homemaker, if it applies.	Employer's address	Marion, IL 6295	9						
		How long employed t	here?				_			
Pai	rt 2: Give Details About Mor	nthly Income								
spoo If yo	mate monthly income as of the druse unless you are separated. but or your non-filing spouse have more espace, attach a separate sheet to	ore than one employer, co				,		•		
						For Deb	tor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

Deb	tor 1	Akachanee Albert	-	Ca	ase number (if known))				
	Cor	by line 4 here	4.	I	For Debtor 1			Debtor filing s	2 or pouse N/A	
_	-	-	7.	•	0.00	_	Ψ		13/7	_
5.		all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.			_	\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b.			_	\$		N/A	_
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.			_	\$ 		N/A N/A	_
	5e.	Insurance	5e.			_	\$		N/A	_
	5f.	Domestic support obligations	5f.			_	\$		N/A	_
	5g.	Union dues	5g.				\$		N/A	_
	5h.	Other deductions. Specify:	5h.			_	\$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	<u></u>	\$		N/A	<u> </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	_	\$		N/A	<u>-</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	. (5,821.00)	\$		N/A	
	8b.	Interest and dividends	8b.	. 9			\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		0.00)	\$		N/A	
	8d.	Unemployment compensation	8d.		0.00	,	\$		N/A	_
	8e.	Social Security	8e.	. 9	0.00	_	\$		N/A	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	5	0.00	_	\$		N/A	
	8g.	Pension or retirement income	8g.		0.00	_	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h.	+ 5	0.00	_ +	\$		N/A	<u>-</u>
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	5,821.00	,	\$		N/	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	5,821.00 +	\$		N/A	= \$	5,821.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ	3,021.00	_		11/7		3,021.00
11.	Stat Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe		•			chedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	5,821.00
13.	Do	you expect an increase or decrease within the year after you file this form	?						Combi month	ned ly income
		No.								

Fill in	this informa	tion to identify yo	our case.	<u> </u>		1						
Debto						Che	ck if this is:					
		Akachanee Albert					An amended filing					
Debtor 2 (Spouse, if filing)							A supplement show 13 expenses as of	ving postpetition chapter the following date:				
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS							MM / DD / YYYY					
		, -,3		<u>-</u>		= = ,						
Case number (If known)												
Off	ficial Fo	rm 106J										
Sc	hedule	J: Your	Exper	ises				12/1				
infor	mation. If m		eded, atta	. If two married people ar ch another sheet to this n.								
Part 1		ibe Your House	hold									
	Is this a join											
	■ No. Go to	= .	n a separ	ate household?								
	_ N											
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.					
2.	Do you have dependents?											
	Do not list Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?				
	Do not state	the						□ No				
	dependents	names.					_	☐ Yes				
								□ No □ Yes				
								□ No				
								☐ Yes				
								□ No				
2	Da wassi awa	anasa inaluda	_					☐ Yes				
		enses include f people other t	han	No								
	yourself and	d your depende	nts? ⊔	Yes								
Part 2		ate Your Ongoi										
expe				uptcy filing date unless y y is filed. If this is a supp								
the v	alue of such	n assistance an	non-cash d have ind	government assistance it cluded it on Schedule I: Y	f you know 'our Income		Your exp	enses				
(OIII	cial Form 10	oi. <i>)</i>					Tour exp					
4.	The rental o	or home owners and any rent for the	hip expen e ground o	ses for your residence. In or lot.	nclude first mortgag	e 4. S	\$	1,000.00				
	If not includ	ed in line 4:										
		estate taxes				4a. \$	·	0.00				
	•	rty, homeowner's	-			4b. \$	·	0.00				
		maintenance, re owner's associat		upkeep expenses		4c. 9 4d. 9	·	0.00				
				oommum dues our residence, such as ho	me equity loans	4u. 3		0.00				

Debtor 1	Akachanee Albert		Case num	ber (if known)	
S. Utili	ties:				
o. Utili 6a.	ties: Electricity, heat, natural gas		6a.	\$	0.00
6b.	Water, sewer, garbage collection		6b.	·	0.00
6c.	Telephone, cell phone, Internet, sa	stellite, and cable services	6c.		101.41
6d.	Other. Specify:	atellite, and cable services	6d.	·	
			ou. 7.	·	0.00
	d and housekeeping supplies				200.00
	dcare and children's education co	STS	8.	\$	0.00
	hing, laundry, and dry cleaning		9.	\$	50.00
	sonal care products and services		10.	\$	20.00
	ical and dental expenses		11.	\$	100.00
	nsportation. Include gas, maintenand	ce, bus or train fare.	12.	\$	300.00
	not include car payments.	ananara manarinaa and baaka			
	ertainment, clubs, recreation, news		13.		0.00
	ritable contributions and religious	donations	14.	\$	0.00
	rance.	varia a su an in alcoda d in linea. A an 20			
	not include insurance deducted from y Life insurance	your pay or included in lines 4 or 20.	150	¢	0.40.00
			15a.		348.00
	Health insurance		15b.	·	0.00
	Vehicle insurance		15c.	·	89.50
	Other insurance. Specify:		15d.	\$	0.00
		om your pay or included in lines 4 or 20.		_	
Spe			16.	\$	0.00
	allment or lease payments:			_	
	Car payments for Vehicle 1		17a.	·	498.30
	Car payments for Vehicle 2		17b.	·	0.00
	Other. Specify:		17c.	\$	0.00
17d	Other. Specify:		17d.	\$	0.00
		ce, and support that you did not report		•	0.00
		nedule I, Your Income (Official Form 106) . 18.	· -	0.00
	er payments you make to support	others who do not live with you.		\$	0.00
Spe			19.		
		uded in lines 4 or 5 of this form or on Sc			
	Mortgages on other property		20a.	·	0.00
20b	Real estate taxes		20b.	\$	0.00
20c	Property, homeowner's, or renter's	insurance	20c.	\$	0.00
20d	Maintenance, repair, and upkeep e	expenses	20d.	\$	0.00
20e	Homeowner's association or condo	ominium dues	20e.	\$	0.00
Oth	er: Specify:		21.	+\$	0.00
	· · ·				3.30
	culate your monthly expenses				
	Add lines 4 through 21.			\$	2,707.21
22b	Copy line 22 (monthly expenses for	Debtor 2), if any, from Official Form 106J-2	2	\$	
22c	Add line 22a and 22b. The result is	your monthly expenses.		\$	2,707.21
٠.					<u> </u>
	culate your monthly net income.	the first control from O. I. I. I. I.		Φ.	
	Copy line 12 (your combined mont		23a.		5,821.00
23b	Copy your monthly expenses from	line 22c above.	23b.	-\$	2,707.21
23c	Subtract your monthly expenses from		23c.	\$	3,113.79
	The result is your monthly net inco	me.	23C.	Γ.	3,113.73
4 -		a in value average within the construction	- المناح المناء	form	
		e in your expenses within the year after r your car loan within the year or do you expect you			or decrease bocause s
	example, do you expect to linish paying for fication to the terms of your mortgage?	your car loan within the year of do you expect you	our mortgage p	Jayment to increase	or decrease because 0
	, , ,				
\Box	'es Explain here:				

Fill in this infor	mation to identify your	case.			
Debtor 1					
Debior 1	Akachanee Alber	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)				☐ Check if amende	f this is an ed filing
Official Forr	m 106Dec				
		an Individual	Debtor's Scl	hedules	12/15
	8 U.S.C. §§ 152, 1341, 1				
J		one who is NOT an atto	rney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes. I	Name of person			Attach Bankruptcy Petition Pre Declaration, and Signature (Of	
	alty of perjury, I declare e true and correct.	that I have read the sum	mary and schedules filed	with this declaration and	
X /s/ Aka	achanee Albert		X		
Akach	anee Albert ire of Debtor 1		Signature of D	Debtor 2	
Date _l	February 5, 2025		Date		

E	in this inform	estion to identify you	r 00001					Ī	
	otor 1	ation to identify you							
Den	NOI I	Akachanee Albe	-	dle Name	L	ast Name			
1	otor 2 use if, filing)	First Name	Mid	dle Name	1	ast Name			
` `									
Unit	ted States Ban	kruptcy Court for the:	SOUTH	ERN DISTRICT ()F ILLIN	OIS			
Cas (if kn	se number							. –	heck if this is an mended filing
	ficial For atement	m 107 of Financial	Affairs	for Individ	duals	Filing for E	Bankrupto	s y	04/2
infor	rmation. If me	nd accurate as possi ore space is needed,). Answer every que	attach a se						
Par	t 1: Give D	etails About Your Ma	arital Status	s and Where You	ı Lived E	Before			
1.	What is your	current marital statu	ıs?						
	☐ Married								
	■ Not marr	ried							
2.	During the la	st 3 years, have you	lived anyw	here other than	where y	ou live now?			
	□ No								
		all of the places you l	ived in the I	ast 3 years. Do n	ot includ	e where you live nov	v.		
	Debtor 1:			Dates Debtor 1		Debtor 2 Prior A	ldress:		Dates Debtor 2
	Debtor 1.			lived there		Debtor 2 i nor A	Juicoo.		lived there
	1111 North Carterville	Division Street , IL 62918		From-To: 2022-2023	☐ Same as Debtor 1			☐ Same as Debtor 1 From-To:	
	No Yes. Mal	st 8 years, did you exes include Arizona, Ca ke sure you fill out <i>Sci</i>	ilifornia, Idal	ho, Louisiana, Ne	vada, Ne	ew Mexico, Puerto F			? (Community property isconsin.)
	Fill in the total If you are filing No	e any income from er I amount of income yo g a joint case and you in the details.	u received	from all jobs and a	all busine	esses, including par	time activities.	orevious calen	dar years?
			Debtor 1				Debtor 2		
				of income that apply.	(befo	s income re deductions and sions)	Sources of i Check all tha		Gross income (before deductions and exclusions)
		year before that: cember 31, 2023)	☐ Wages bonuses,	s, commissions, tips		\$88,703.00	☐ Wages, co bonuses, tips		
			Operat	ing a business			□ Operating	a business	

Deb	otor 1 A	kachanee <i>l</i>	Albert				C	ase number (if knowi	n)	
				Debtor 1				Debtor 2		
				Sources of Check all the			s income e deductions and sions)	Sources of in Check all that		Gross income (before deductions and exclusions)
5.	Include in and other winnings. List each	come regard public bene If you are fil source and f	dless of wheth fit payments; ing a joint cas the gross inco	ner that incom pensions; rer se and you ha	ne is taxable. Exa ntal income; inter ave income that y	mples of est; divid	ends; money coll ved together, list	e alimony; child sup	s; royalties; a Debtor 1.	Security, unemployment, and gambling and lottery
	Yes.	Fill in the de	etails.							
				Debtor 1 Sources of Describe be		each	s income from source e deductions and	Debtor 2 Sources of ir Describe belo		Gross income (before deductions and exclusions)
For	the calen	ıdar year be	fore that:	Taxable li	nterest	exclus	sions) \$1,374.0 (0		
						-				
i.	■ No.	Neither Deindividual During the No. Yes * Subject	ebtor 1 nor D primarily for a 90 days before Go to line 7 List below e paid that continctude to adjustment or Debtor 2 o 90 days before Go to line 7 List below e include pay attorney for	Debtor 2 has a personal, fail ore you filed for each creditor. Do no payments to ton 4/01/25 a proboth have been you filed for each creditor ments for do this bankrup	mily, or househol or bankruptcy, disto whom you paint include payment an attorney for thand every 3 years primarily consulor bankruptcy, disto whom you paint mestic support old	d you pay d a total of the state of the stat	e." y any creditor a to of \$7,575* or mon mestic support of uptcy case. at for cases filed of ts. y any creditor a to of \$600 or more a	otal of \$7,575* or more in one or more poligations, such as con or after the date otal of \$600 or more and the total amour	ayments and child support of adjustmese? at you paid the Also, do not one of	d the total amount you t and alimony. Also, do ent.
	Creditor	5 Name and	u Auuress		Dates of payme	IIL	paid	still owe	vvas tili	s payment for
.	Insiders in of which y a business alimony.	nclude your i you are an of ss you operat	elatives; any fficer, director	general partr , person in co roprietor. 11 l	ners; relatives of ontrol, or owner o	any gene of 20% or	eral partners; part more of their vot	nowed anyone wheneships of which ying securities; and tic support obligation	ou are a ge any managii	neral partner; corporations ng agent, including one fo
	Insider's	Name and	Address		Dates of payme	nt	Total amount	Amount you	Reason	for this payment
							paid	still owe		

Case number (if known)

8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cost		ments or transfer any prope	erty on acco	ount of a de	ebt that benefited an		
	■ No □ Yes. List all payments to an insider							
	Insider's Name and Address	Dates of payment			Reason for to	this payment itor's name		
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures						
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.							
	□ No							
	Yes. Fill in the details.							
	Case title Case number	Nature of the case	Court or agency	•	Status of the case			
	DMKA LLC d/b/a The Smarter Merchant v Akachanee Albert d/b/a Baan Thai Restaurant Unknown	Breach of Contract and Guaranty for default of Merchants Agreement	Supreme Court of State New York County of Kings 360 Adams Street, #4 Brooklyn, NY 11201	[■ Pending □ On appeal □ Concluded ■ Pending □ On appeal □ Concluded □ Pending □ On appeal □ Concluded □ Pending □ On appeal □ Concluded			
	Fundamental Capital LLC d/b/a Nexi v. Akachanee Albert d/b/a Baan Thai	Collection Suit/Arbitration Award	Supreme Court of State New York County of Nassau 100 Supreme Court Dri Mineola, NY 11501]				
	Merchant Capital Group LLC v. Akachanee Albert 2024-085464-CC-23	Collection	Co Ct of 11th Judicial Cir/Miami-Dade Co 155 NW 3rd Street Miami, FL 33128	[
	Alternative Funding Group Corp v. Baan Thai Restaurant and Akachanee Albert E2024010685	Collection	Supreme Court of State NY, Monroe Co 99 Exchange Blvd #545 Rochester, NY 14614	. [Pending On appea			
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, foreclosed	d, garnishe	d, attached	, seized, or levied?		
	Creditor Name and Address	Describe the Property		Date		Value of the		
		Explain what happened	d			property		
 11. Within 90 days before you filed for bankruptcy, accounts or refuse to make a payment because ■ No □ Yes. Fill in the details. 			luding a bank or financial in	stitution, s	et off any a	mounts from your		
	Creditor Name and Address	Describe the action the	e creditor took		tion was	Amount		
				taken				

Debtor 1 Akachanee Albert

Case 25-40045-lkg Doc 1 Filed 02/05/25 Page 41 of 65 Debtor 1 Akachanee Albert Case number (if known) 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? П Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

Address

Yes. Fill in the details. Person Who Was Paid

Email or website address Person Who Made the Payment, if Not You **KIBLER LAW OFFICE** Attorney at Law 208 North Market, PO Box 1224 Marion, IL 62959 office@kibler-law.com

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Attorney Fees

2-20-2024

\$1,000.00

Deb	otor 1 Akachanee Albert			ase number	(if known)	
17.	Within 1 year before you filed for bankrupto promised to help you deal with your creditor Do not include any payment or transfer that you	ors or to make payment			or transfer any prope	erty to anyone who
	□ No ■ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and transferred	value of any prope	erty	Date payment or transfer was made	Amount of payment
	Creditor's Relief 333 Sullivan Avenue, Suite 105 Englewood Cliffs, NJ 07632	Debtor does no paid to this age	ot know how mu ency	ch she		\$0.00
	MCA Debt Advisors 1001 State Street, Suite 1400 Erie, PA 16501	Debtor does no paid to this age	ot know how mu ency	ch she		\$0.00
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details.	ousiness or financial aff ade as security (such as	airs? the granting of a se			
	Person Who Received Transfer Address		Description and value of pescribe property transferred payment paid in e			Date transfer was made
	Person's relationship to you Nissan	Car trade on ne	le on newer vehicle Trade in value on new Nissan			
	Illinois Department of Revenue PO Box 19035 Springfield, IL 62794-9035	\$1,700.00			t on debt per ent with Creditor	1-30-2025
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-program No Yes. Fill in the details.		ny property to a se	elf-settled tr	ust or similar device	of which you are a
	Name of trust	Description and	value of the prope	rty transfer	red	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, In	struments, Safe Depos	it Boxes, and Stor	age Units		
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso	or other financial accou	nts; certificates o			, ,
	Yes. Fill in the details.	l and d disside of	Time of account	4 D.		l ant balance
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accoun instrument	cl m	ate account was osed, sold, oved, or ansferred	Last balance before closing or transfer

Case 25-40045-lkg Doc 1 Filed 02/05/25 Page 43 of 65 Debtor 1 Akachanee Albert Case number (if known) 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Nο Yes. Fill in the details. Describe the contents Name of Financial Institution Who else had access to it? Do you still have it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Name of Storage Facility Describe the contents Who else has or had access Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No ☐ Yes. Fill in the details. **Owner's Name** Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No П

Yes. Fill in the details.

Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code)

25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code)

Case 25-40045-lkg Doc 1 Filed 02/05/25 Page 44 of 65 Debtor 1 Akachanee Albert Case number (if known) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Nature of the case Case Title Court or agency Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed **Baan Thai Restaurant** Restaurant 47-4664146 2406 Williamson County Parkway From-To Suite E Atlas CPAS & Advisors PLLC 2602 W. DeYoung Marion, IL 62959 Marion. IL 62959 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Akachanee Albert Signature of Debtor 2 **Akachanee Albert** Signature of Debtor 1 Date February 5, 2025 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:							
Debtor 1	Akachanee Albert						
Debtor 2 (Spouse, if filing)							
United States Bankruptcy Court for the: Southern District of Illinois							
Case number (if known)							

Check	Check as directed in lines 17 and 21:							
	According to the calculations required by this Statement:							
1. Disposable income is not determined11 U.S.C. § 1325(b)(3).								
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4. The commitment period is 5 years.							

 \square Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Par	1: Calculate Your Average Monthly Income								
1.	What is your marital and filing status? Check or	ne d	only.						
	■ Not married. Fill out Column A, lines 2-11.								
	☐ Married. Fill out both Columns A and B, lines 2	!-11							
10 th	II in the average monthly income that you received fro 01(10A). For example, if you are filing on September 15, the e 6 months, add the income for all 6 months and divide the couses own the same rental property, put the income from	e 6-	month period wo	ould be Ma e result. Do	rch 1 throu not includ	igh Augu: le any ind	st 31. If the amo	ount of your monthly incom ore than once. For examp	e varied during le, if both
						Column Debtor		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtipayroll deductions).	ime	e, and commis	ssions (b	efore all	\$	0.00	\$	
3.	Alimony and maintenance payments. Do not incoolumn B is filled in.	clud	le payments fro	om a spo	use if	\$	0.00	\$	
4.	All amounts from any source which are regular of you or your dependents, including child sup from an unmarried partner, members of your house and roommates. Do not include payments from a syou listed on line 3.	po i eho	rt. Include regu old, your depen	ular contr idents, pa	ibutions arents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm		Debtor 1						
	Gross receipts (before all deductions)	\$	30	,424.00					
	Ordinary and necessary operating expenses	-\$	24	,603.00	_				
	Net monthly income from a business, profession, or farm	\$	5	,821.00	Copy here ->	\$	5,821.00	\$	
6.	Net income from rental and other real property		Debtor 1						
	Gross receipts (before all deductions)		\$0.0	0					
	Ordinary and necessary operating expenses		-\$ 0.0			_		_	
	Net monthly income from rental or other real property	rtv	9.0	oo Copy	v here ->	\$	0.00	\$	

Case number (if known)

					Column A Debtor 1		Column B Debtor 2		
7.	Interest, o	dividends, and royalties			\$	0.0	\$		
		yment compensation			\$	0.0	 o		
		ter the amount if you contend that the amount received was Security Act. Instead, list it here:	s a benefit unde	er					•
	For you		0.00						
	For you	ır spouse\$							
	Pension of benefit un not include United Sta disability, pay paid u does not e	or retirement income. Do not include any amount received der the Social Security Act. Also, except as stated in the new early compensation, pension, pay, annuity, or allowance parties Government in connection with a disability, combat-relator death of a member of the uniformed services. If you receive the compensation of title 10, then include that pay only to the exceed the amount of retired pay to which you would otherworder any provision of title 10 other than chapter 61 of that the	ext sentence, deaid by the ated injury or evived any retired extent that it wise be entitled	ed	\$	0.00	0 \$		
10.	Income fr Do not incorreceived a domestic to United State disability,	rom all other sources not listed above. Specify the source clude any benefits received under the Social Security Act; pas a victim of a war crime, a crime against humanity, or inte terrorism; or compensation, pension, pay, annuity, or allowates Government in connection with a disability, combat-relative or death of a member of the uniformed services. If necessary is a separate page and put the total below.	ce and amount ayments rnational or ance paid by th ated injury or	ne	<u> </u>	0.00	o \$		
	_				\$ \$		_		-
		Total amounts from separate pages, if any.			Φ \$	0.0	<u> </u>		=
		your total average monthly income. Add lines 2 through			<u> </u>	7	Ψ	1	
Part	each colu	mn. Then add the total for Column A to the total for Column termine How to Measure Your Deductions from Income	ı B\$	5	,821.00	+ \$			5,821.00 otal average onthly income
12. 13.	Copy you	r total average monthly income from line 11.						\$	5,821.00
	_	are not married. Fill in 0 below.							
		are married and your spouse is filing with you. Fill in 0 below	w						
		are married and your spouse is not filing with you.							
	Fill ir	n the amount of the income listed in line 11, Column B, that endents, such as payment of the spouse's tax liability or the							
		w, specify the basis for excluding this income and the amoustments on a separate page.	ınt of income d	levo	ted to each	n purpo	se. If necessary	/, list addi	itional
	If this	s adjustment does not apply, enter 0 below.							
			\$_						
						_			
		Total	\$_		0.0	0_	Copy here=>		0.00
		rrent monthly income. Subtract line 13 from line 12.						\$	5,821.00
15.	Calculat	te your current monthly income for the year. Follow these	se steps:						F 004 00
	15a. Co	ppy line 14 here=>						\$	5,821.00

Debtor 1 Akachanee Albert

Debto	r1	Akachanee Albert			Case number (if known)		
		Multiply line 15a by 12 (the numb	er of months in a ye	ear).			x 12
	15b.	The result is your current monthly	income for the yea	r for this part of the	form	\$_	69,852.00
16.	Calcul	late the median family income th	at applies to you.	Follow these steps:			
	16a. F	ill in the state in which you live.		IL			
	16b. F	ill in the number of people in your I	nousehold.	1			
	Т	ill in the median family income for y o find a list of applicable median in nstructions for this form. This list ma	come amounts, go	online using the link		\$_	67,617.00
17.	How d	do the lines compare?					
	17a.				nis form, check box 1, <i>Disposable ir</i> f Your <i>Disposable Income</i> (Official I		
	17b.		d fill out Calculation	on of Your Disposa	neck box 2, Disposable income is dable Income (Official Form 122C-2		
Part	3:	Calculate Your Commitment Per	riod Under 11 U.S.	C. § 1325(b)(4)			
18.	Сору	your total average monthly inco	me from line 11			\$	5,821.00
19.	conten	ct the marital adjustment if it app nd that calculating the commitment e's income, copy the amount from l	period under 11 U.S ine 13.	S.C. § 1325(b)(4) al	not filing with you, and you lows you to deduct part of your	Φ.	0.00
	19a. If	the marital adjustment does not ap	oply, fill in 0 on line	19a.		-\$	0.00
	19b. S	Subtract line 19a from line 18.				\$	5,821.00
20.	Calcul	late your current monthly incom	e for the year. Foll	low these steps:			
	20a. C	Copy line 19b				\$_	5,821.00
	N	Multiply by 12 (the number of month	s in a year).				x 12
	20b. T	he result is your current monthly in	come for the year fo	or this part of the fo	rm	\$_	69,852.00
	20c. C	Copy the median family income for	your state and size	of household from li	ine 16c	\$_	67,617.00
	21. H	low do the lines compare?					
		Line 20b is less than line 20c. period is 3 years. Go to Part 4.		rdered by the court,	on the top of page 1 of this form, ch	neck box 3, 1	The commitment
	•	Line 20b is more than or equal commitment period is 5 years.		otherwise ordered I	by the court, on the top of page 1 of	this form, ch	heck box 4, <i>The</i>
Part	By sig		I declare that the in	oformation on this st	atement and in any attachments is	true and con	rect.
X		kachanee Albert chanee Albert					
		ature of Debtor 1					
	_	February 5, 2025 MM / DD / YYYYY					
l	•	checked 17a, do NOT fill out or file		Ov. Her. 22. 511			- B 44 - 5 -
	If you (cnecked 1/b. fill out Form 122C-2	and file it with this fo	orm. On line 39 of th	nat form, copy your current monthly	income from	1 line 14 above.

Debtor 1 Akachanee Albert	Case number (if known)

Fill in	this information to	identify your case:	
Debto	r 1 Akacha r	ee Albert	
Debto	r 2 se, if filing)		
United	States Bankruptcy (Court for the: Southern District of Illinois	
Case i	number wn)	□ Check if	this is an amended filing
	I Form 122C-2 Inter 13 Cal	culation of Your Disposable Income	04/2:
To fill o	-	rill need your completed copy of Chapter 13 Statement of Your Current Monthly Inc	
space	is needed, attach a	rate as possible. If two married people are filing together, both are equally respons separate sheet to this form, Include the line number to which additional informatiour name and case number (if known).	
Part 1	Calculate You	r Deductions from Your Income	
the	questions in lines	Service (IRS) issues National and Local Standards for certain expense amounts. Us 6-15. To find the IRS standards, go online using the link specified in the separate in the available at the bankruptcy clerk's office.	
ехр	enses if they are hig	ounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, your than the standards. Do not include any operating expenses that you subtracted from uct any amounts that you subtracted from your spouse's income in line 13 of Form 122C	income in lines 5 and 6 of Form
If yo	our expenses differ fr	om month to month, enter the average expense.	
Not	e: Line numbers 1-4	are not used in this form. These numbers apply to information required by a similar form	used in chapter 7 cases.
5.	The number of pe	ople used in determining your deductions from income	
	plus the number of	f people who could be claimed as exemptions on your federal income tax return, any additional dependents whom you support. This number may be different from ble in your household.	1
Nat	ional Standards	You must use the IRS National Standards to answer the questions in lines 6-7.	
6.		nd other items: Using the number of people you entered in line 5 and the IRS National e dollar amount for food, clothing, and other items.	\$808.00
7.	the dollar amount for people who are 65	Ith care allowance: Using the number of people you entered in line 5 and the IRS Nation out-of-pocket health care. The number of people is split into two categoriespeople who or olderbecause older people have a higher IRS allowance for health car costs. If your samount, you may deduct the additional amount on line 22	no are under 65 and

btor 1	Akacha	nee Albert				Case number (if I	known	<u> </u>	
Peopl	e who are	under 65 years of age							
7	a. Out-of-	-pocket health care allowance per person	\$	83					
7	b. Numbe	er of people who are under 65	χ	1					
7	c. Subto	tal. Multiply line 7a by line 7b.	\$	83.00		Copy here=>	> \$	83.00	
.		05							
eopi	e wno are	65 years of age or older							
7	d. Out-of-	-pocket health care allowance per person	\$	158					
7	e. Numbe	er of people who are 65 or older	Х	0					
7	f. Subtot	al. Multiply line 7d by line 7e.	\$	0.00		Copy here=>	> \$	0.00	
7	g. Total.	Add line 7c and line 7f			\$	83.00		Copy total here=>	\$83.00
				L					
		s You must use the IRS Local Standards to		· ·			J &	havainn fan	
		nation from the IRS, the U.S. Trustee Pro poses into two parts:	gram na	as divided th	e IKS LO	ocai Standard	ı tor	nousing for	
■ Но	using and	l utilities - Insurance and operating exper	nses						
■ Но	using and	lutilities - Mortgage or rent expenses							
3. F	lousing ar	ctions for this form. This chart may also I nd utilities - Insurance and operating exp amount listed for your county for insurance	enses: ا	Using the nun	nber of p			d in line 5, fill	589.0
). F	lousing ar	nd utilities - Mortgage or rent expenses:							
9		the number of people you entered in line 5, for your county for mortgage or rent expense		dollar amour	nt		\$	865.00	
g	b. Total a	average monthly payment for all mortgages	and othe	er debts secur	ed by yo	our home.			
	contra	culate the total average monthly payment, a ctually due to each secured creditor in the 6 nkruptcy. Next divide by 60.							
	Name	of the creditor		Average mon payment	thly				
	-NON	E-	\$	S					
									D (4)
		9b. Total average monthly payme	ent \$	S	0.00	Copy here=>	-\$_		Repeat this amour on line 33a.
9	c. Net mo	ortgage or rent expense.							
		act line 9b (<i>total average monthly payment</i>) for expense). If this number is less than \$0, en		9a (mortgage)	\$	8	65.00 Copy here=>	\$ 865.0
		n that the U.S. Trustee Program's division					s in	correct and	
а	iffects the	calculation of your monthly expenses, fi	ll in any	additional a	mount y	ou claim.			\$ 236.0
	Explain wh	ny: Rent is \$1000 and Utilities are \$7	101.						

Case number (if known)

11.	Local transportation expenses: Check the number of vehic	cles for which you claim	an ownership or operating expe	nse.
	☐ 0. Go to line 14.			
	■ 1. Go to line 12.			
	☐ 2 or more. Go to line 12.			
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for			\$ 239.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles.			
Ve	hicle 1 Describe Vehicle 1: 2023 Nissan Murano 17	7500 miles Purchase	ed 2/13/2024	
13a	Ownership or leasing costs using IRS Local Standard			
	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.			
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		at	
	Name of each creditor for Vehicle 1	Average monthly payment		
	Nissan Motor Acceptance Company	\$ 498.30		
	Total Average Monthly Payment	\$498.30	Copy	Repeat this amount on line 33b.
13c.	Net Vehicle 1 ownership or lease expense			y net
	Subtract line 13b from line 13a. if this number is less than \$0	, enter \$0	_	icle 1 ense here \$120.70
Ve	hicle 2 Describe Vehicle 2:			
13d	Ownership or leasing costs using IRS Local Standard		\$	
13e	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs for	r	
	Name of each creditor for Vehicle 2	Average monthly payment		
		\$		
	Total average monthly payment	\$		peat this ount on line c.
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0	Veh	y net icle 2 ense here \$ 0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v			\$0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in we not also may be a the IRS Lead Standard for Public Transport	hat you believe is the ap		

Debtor 1 Akachanee Albert

Case 25-40045-lkg Doc 1 Filed 02/05/25 Page 52 of 65

Case number (if known)

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 0.00 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form 348.00 of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. **Education:** The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 0.00 expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. \$ 3,288.70 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or vour dependents. Health insurance Disability insurance 0.00 Health savings account 0.00 + \$ Total 0.00 Copy total here=> 0.00 Do you actually spend this total amount? No. How much do you actually spend? 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 0.00 include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential.

Akachanee Albert

Debtor 1

	Akachanee Albert	Case number (if know	m)			
28.	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and operatin	ig expens	ses on		
	If you believe that you have home energy of 8, then fill in the excess amount of home en	costs that are more than the home energy costs included in nergy costs	expense	s on line)	
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that the ary.	additiona	l	\$_	0.00
29.	Education expenses for dependent child \$189.58* per child) that you pay for your depublic elementary or secondary school.	dren who are younger than 18. The monthly expenses (no ependent children who are younger than 18 years old to atte	ot more the	nan ⁄ate or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why the not already accounted for in lines 6-23.	e amoun	t		
	* Subject to adjustment on 4/01/25, and ev	ery 3 years after that for cases begun on or after the date of	f adjustm	ent.	\$_	0.00
	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.					
		tional allowance, go online using the link specified in the se so be available at the bankruptcy clerk's office.	parate			
	You must show that the additional amount	claimed is reasonable and necessary.			\$_	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organization	e amount that you will continue to contribute in the form of canization. 11 U.S.C. \S 548(d)(3) and (4).	ash or fir	nancial		
	Do not include any amount more than 15%	of your gross monthly income.			\$_	0.00
	Add all of the additional expense deduc Add lines 25 through 31.	tions.			\$_	0.00
Ded	uctions for Debt Payment					
	For debts that are secured by an interest oans, and other secured debt, fill in lines	in property that you own, including home mortgages, v	ehicle			
7		nent, add all amounts that are contractually due to each sec	ured			
	Mortgages on your home	1 3				
33a.						age monthly
	Copy line 9b here			=>	Avera paym	
	Copy line 9b here Loans on your first two vehicles			=>	paym	ent
33b.	Loans on your first two vehicles			=>	paym	ent
33b. 33c.	Loans on your first two vehicles Copy line 13b here				paym	0.00 498.30
33c.	Loans on your first two vehicles Copy line 13b here Copy line 13e here			=>	paym	0.00
33c. 33d.	Loans on your first two vehicles Copy line 13b here	Identify property that secures the debt ir		=> => ment	paym	0.00 498.30
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	Identify property that secures the debt ir	oes pay	=> => ment	paym	0.00 498.30
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	Identify property that secures the debt ir o	oes payi nclude ta	=> => ment	\$\$	0.00 498.30
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: the of each creditor for other secured debt	Identify property that secures the debt ir o	Ooes payl clude ta or insuran No Yes	=> => ment	paym	0.00 498.30
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: the of each creditor for other secured debt	Identify property that secures the debt ir o	Does payl nclude ta. or insuran No Yes	=> => ment	\$\$	0.00 498.30
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: the of each creditor for other secured debt	Identify property that secures the debt ir o	Ooes payl clude ta or insuran No Yes	=> => ment	\$\$	0.00 498.30
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: the of each creditor for other secured debt	Identify property that secures the debt ir o	Does payl nclude ta. r insuran No Yes	=> => ment	\$\$ \$\$	0.00 498.30
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: the of each creditor for other secured debt	Identify property that secures the debt ir o	Does payinclude tair insuran No Yes No Yes	=> => ment	\$ \$ \$	0.00 498.30
33c. 33d.	Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: the of each creditor for other secured debt	Identify property that secures the debt ir o	Does payinclude ta rinsuran No Yes No Yes No	=> ment Kes ce?	\$\$ \$\$	0.00 498.30

Debtor	1 .	Aka	chanee Albert			Cas	se nu	mber (if known)				
34.			debts that you listed in line property necessary for you				Э,					
		No.	Go to line 35.									
		Yes.	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill in	ssession of your property (o								
N	ame	of the	creditor	Identify property that secu	res the	debt	То	tal cure amount			nthly o	cure
-1	NON	IE-				\$			÷ 60 =	\$_		
									Co	py –		
						Total	\$_	0.00	tot	al e=>	\$	0.00
35.	Do	vou (owe any priority claims - su	uch as a priority tax, child	suppo	rt. or alimonv - tl	∟_ hat					
			due as of the filing date of									
			Go to line 36.									
	-	Yes.	Fill in the total amount of al ongoing priority claims, suc			clude current or						
			Total amount of all past-d	ue priority claims			\$	49,119.18	÷	60	\$	818.66
36.	Pro	ojecte	d monthly Chapter 13 plan	payment			\$					
	Offi the To f	ice of Exec find a l	nultiplier for your district as s the United States Courts (fo utive Office for United States ist of district multipliers that inclu nstructions for this form. This list	r districts in Alabama and N 5 Trustees (for all other distr des your district, go online usin	lorth Ca ricts). g the linl	arolina) or by	X _					
	Ave	erage	monthly administrative expe	nse				\$	Copy here=			
37.	. A	dd all	of the deductions for debt	payment. Add lines 33e th	nrough (36.					\$	1,316.96
To	tal C	Deduc	tions from Income									
38.	Ad	d all d	of the allowed deductions.									
			ne 24, All of the expenses all e allowances	owed under IRS	\$_	3,288.70	0_					
	C	opy lir	ne 32, All of the additional ex		\$_	0.00	0_					
	C	opy lir	ne 37, All of the deductions for	or debt payment	+\$_	1,316.96	6					
	To	otal de	eductions		\$_	4,605.66	6	Copy total here=>		\$		4,605.66

Debtor 1	Akac	hanee Alb	ert		_	Ca	ise nu	mber (<i>if known</i>)			
Part 2:	Dete	ermine You	r Disposable Income Under 11 U.S.C.	§ 1325((b)(2))					
			ent monthly income from line 14 of Fourtent Monthly Income and Calculation						\$		5,821.00
ch dis re	nildren. sability p ceived i	The monthly payments for accordance	y necessary income you receive for s y average of any child support payments r a dependent child, reported in Part I of the with applicable nonbankruptcy law to ended for such child.	s, foster Form 12	care 22C-	payments, or -1, that you		\$0	.00		
en in	nployer 11 U.S.	withheld from C. § 541(b)(tirement deductions. The monthly tota m wages as contributions for qualified re 7) plus all required repayments of loans § 362(b)(19).	etirement	ıt pla	ns, as specified		§0	.00		
42. T o	otal of a	II deduction	ns allowed under 11 U.S.C. § 707(b)(2))(A). Co	py lir	ne 38 here=	=>	\$ 4,605	.66		
ex the	penses eir expe	and you harnses. You n	al circumstances. If special circumstances if special circumstance if special circumstance in the special circumstance if special circumstance is a special circumstance in the special circumstance is special circumstance.	ne specia	ial ciı	rcumstances ar	nd				
Descr	ribe the	special cir	cumstances		A	Amount of exp	ense	•			
					. \$ _			_			
					. \$ _			_			
					. \$ _			_			
			T	otal \$		0.00		opy ere=> \$	0.0	0_	
44. T c	otal adjı	ustments. A	odd lines 40 through 43.			=> [\$	4,605.66	Copy here=>	-\$	4,605.66
45. C a			hly disposable income under § 1325(b)(2). Su	ubtra	ct line 44 from	line	39.	\$		1,215.34
ha tin yo	ave char ne your ou filed y	nged or are v case will be your petition,	r expenses. If the income in Form 1220 virtually certain to change after the date open, fill in the information below. For each check 122C-1 in the first column, enter when the increase occurred, and fill in	you filed xample, line 2 in	d you , if th n the	ır bankruptcy p e wages report second columr	etitio ed ir n, ex	n and during the creased after			
Form		Line	Reason for change			Date of change	е	Increase or decrease?	Amou	nt of chang	е
☐ 122 ☐ 122 ☐ 122 ☐ 122 ☐ 122 ☐ 122 ☐ 122	2C-2 - 2C-1 - 2C-2 - 2C-1 - 2C-2 -							☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease	\$ \$ \$		

Debtor 1	Akachanee Albert	Case number (if known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare that the info	rmation on this statement and in any attachments is true and correct.
X	/s/ Akachanee Albert	
	Akachanee Albert	
	Signature of Debtor 1	
Date	February 5, 2025	
	MM / DD / YYYY	
1		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee+ \$571 administrative fee\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Illinois

In re	Akachanee Albert		Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR DE	BTOR(S)
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy	y, or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	4,000.00
	Prior to the filing of this statement I have received			1,000.00
	Balance Due		\$	3,000.00
2.	\$_313.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	n unless they are memb	pers and associates of my law firm
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na			
6.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspec	cts of the bankruptcy co	ase, including:
	 a. Analysis of the debtor's financial situation, and rendebtor. b. Preparation and filing of any petition, schedules, state. c. Representation of the debtor at the meeting of credited. d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on how 	tement of affairs and plan which ors and confirmation hearing, a reduce to market value; ex ons as needed; preparatio	ch may be required; and any adjourned hear cemption planning;	rings thereof;
7.	By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any dis- any other adversary proceeding.			es, relief from stay actions or
		CERTIFICATION		
this b	I certify that the foregoing is a complete statement of an bankruptcy proceeding.	y agreement or arrangement for	or payment to me for re	epresentation of the debtor(s) in
F	February 5, 2025	/s/ Keith W. Kibl	er	
_	Date	Keith W. Kibler Signature of Attorn KIBLER LAW OI Attorney at Law 208 North Marke Marion, IL 62958	ney FFICE et, PO Box 1224) ax: 618-993-2198	

United States Bankruptcy Court Southern District of Illinois

In re	Akachanee Albert		Case No.						
		Debtor(s)	Chapter	13					
	VERIFICATION OF CREDITOR MATRIX								
	The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of my/our knowledge and that it corresponds to the creditors listed in my/our schedules.								
Date:	February 5, 2025	/s/ Akachanee Albert							
		Akachanee Albert							
		Signature of Debtor							

Alternative Funding 2941 NW 62nd St Fort Lauderdale, FL 33309

Citi Bank PO Box 6500 Sioux Falls, SD 57117

Citibank PO Box 6500 Sioux Falls, SD 57117

Delta Bridge 1421 Prince Street Alexandria, VA 22314

Discover PO Box 30923 Salt Lake City, UT 84130

Discover Card 2500 Lake Cook Road Deerfield, IL 60015

Discover Financial PO Box 15316 Wilmington, DE 19850

DMKA LLC d/b/a The Smarter Merchant c/o Attorney Yeshaya Gorkin PO Box 605 New York, NY 10038

Fundamental Capital LLC d/b/a Nexi c/o Attorney Marcella G. Rabinovich 100 Garden City Plaza Garden City, NY 11530

Green Box Capital 2200 Biscayne Blvd., Ste 200 Miami, FL 33137

Henry S. Miller Realty Management c/o Cheney's Mathes Property Inc Attn: Cyndi Bembenek 5151 Belt Line Road, Suite 900 Dallas, TX 75254

Illinois Department of Revenue PO Box 19035 Springfield, IL 62794-9035

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Isaac H. Greenfield, Esq 2 Executive Blvd, Ste. 305 Suffern, NY 10901

Navy Federal Credit Union PO Box 3503 Merrifield, VA 22119

Navy Federal Credit Union PO Box 3000 Vienna, VA 22180

Nissan Motor Acceptance Company PO Box 254648 Sacramento, CA 95865-4648

PNC PO Box 3429 Pittsburgh, PA 15230

Rapid Capital Financial 7523 Main St., #764 Flushing, NY 11367

Regions Bank Visa 946 4th Street Eldorado, IL 62930 SIU Credit Union Customer Service PO Box 30495 Tampa, FL 33630

Southern Illinois Healthcare PO Box 3988 Carbondale, IL 62902-3988

Sprechman & Fisher PA 2775 Sunny Isles Blvd, Suite 100 North Miami Beach, FL 33160

Steven Albert 205 Lingale Avenue Marion, IL 62959

Steven P. Albert 205 Lingale Avenue Marion, IL 62959

US Bank Cardmember Services PO Box 6339 Fargo, ND 58125-6339

US Bank Home Mortgage PO Box 790414 Saint Louis, MO 63179-0414